DOCUMENT RESUME

ED 358 663 EC 302 227

AUTHOR Katsiyannis, Antonis
TITLE Residential Placements for Students with Disabilities: Practice Trends and the Case of Virginia.
PUB DATE Mar 93
NOTE 17p.; Paper presented at the Annual Conference of the Midwest Symposium for Leadership in Behavior Disorders (11th, Kansas City, MO, March 4-6, 1993).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Costs; *Disabilities; Educational Practices; Elementary School Students; Elementary Secondary Education; Financial Support; *Institutional Characteristics; *Residential Schools; *School Funds; School Support; Secondary School Students; Special Schools; State Aid; State Surveys; *Student Characteristics; Student Placement; *Trend Analysis
IDENTIFIERS *Virginia

ABSTRACT

A study of 14 residential facilities operating schools for children with disabilities in Virginia gathered information on the following topics: (1) nature of operation, profit versus nonprofit, fund-raising activities, plans for future expansion, and affiliations with national chains; (2) student profiles including disabilities served, number of males, placements classified by placing agency, average stay, and average cost per year; (3) number of staff and staff/student ratio; (4) agencies involved in licensing/monitoring the facility; (5) perceptions of state's monitoring different aspects of the schools; (6) distinct programs offered, availability of group/individual counseling, vocational programming, parent involvement, student community involvement, work opportunities, and after-care follow up; and (7) strengths and weaknesses of programming. Findings indicated that a wide range of services was provided by residential facilities, that there was a trend toward more specialized treatment, and there was an emphasis on family involvement in treatment of the residents and after-care follow-up activities. The study concluded that community-based programming, parent involvement, and effective transitioning are being emphasized to enhance the lasting therapeutic effects of educational programs, and that residential facilities are likely to continue engaging in fund-raising activities for capital improvement and for meeting increasing costs, along with states' continuing efforts to expand interagency collaboration and explore more cost-efficient programming. (Contains 20 references.) (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED358663

Residential Placements for Students With Disabilities:

Practice Trends and the Case of Virginia

Antonis Katsiyannis

University of Nebraska at Kearney

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Antonis Katsiyannis
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

EC 303227

Abstract

Residential placement for children with disabilities is often the subject of intense debate. The purpose of the present study was to investigate residential facilities operating schools for children with disabilities in Virginia. Findings indicated a wide range of services provided by residential facilities, a trend toward more specialized treatment, and an emphasis on family involvement in the treatment of the residents and after care follow-up activities. Recommendations for better practices are offered.

Residential Placements for Students with Disabilities: Practice Trends and the Case of Virginia

The Individuals with disabilities Education Act (IDEA) mandates that all eligible students with disabilities be provided with a free appropriate public education. Placement in a residential setting are alternatives in the continuum of program options ranging from regular classroom placement to homebound and hospital placements. Recipients of such placements are mainly students with severe or profound disabilities and students with emotional problems (Rothstein, 1990). Stephens, Lakin, Braven, and O'Reilly (1990) reported that 63 percent of the placements in private residential facilities were for students with emotional disturbances while students with severe and profound mental retardation amounted for 12 percent (1987-88 school year). Throughout the US approximately 49,000 students with emotional disturbances were educated in residential settings. According to the 13th Annual Report to Congress (1991), in 1988-89 students with emotional disturbances ages 12-17 were educated in private residential facilities at the rate of 34.03% in Arizona, 29.51% in the District of Columbia, and 24.43% in Idaho. Alaska, Minnesota, and New Mexico had no such placements.

Residential placements often become an area of intense dispute in cases of unilateral placements by parents, requests for reimbursement, the parameters of what constitutes appropriate programming under IDEA, and issues regarding the principle of the least restrictive environment (Rothstein, 1990; Burlington School Committee v. Department of Education, 1985; Abrahamson v. Hershham, 1983; Thomas, 1982; Papacoda v. State of Connecticut, 1981; Kruelle v. New Castle County School District, 1981; North v. District of Columbia, 1979). Lack of criteria for distinguishing between placements for educational and other than educational reasons inevitably have added to the controversy (Stoppleworth, 1983).

Aside from the issues related to legal precedents there have been a number of issues relating to the programming within the facilities themselves.

According to Thomas (1982) residential placements should allow children to achieve basic developmental goals, assure a nurturing and protective environment, and provide corrective intervention, therapy and control (Thomas, 1982). Socialization processes which allow for the speedy and full involvement of the child in the residential setting are another important consideration (Maier, 1987). Further, while discussing the success of residential placements, Lewis (1988) and Jones (1985) emphasized the importance of family involvement in fostering a supportive ecology after the child is discharged from the facility. Group therapy has often been cited as an effective means in the treatment of children with emotional disturbances (Duncan, Beck, & Granum, 1988). While recognizing the importance of quality measures such as staff to client ratio, scope of programs, and per client cost, Giacobbe and Schneider (1986) defined success as to what happens to the children after they leave the facility.

Rising costs in educating children along with shrinking state budgets have forced policy makers to make drastic decisions in an attempt to curb costs. State-imposed caps on the amount of reimbursement available for residential placements which result in prohibiting payments, however, violate IDEA mandates of providing an appropriate education at no cost (Rothstein, 1990). In order to fund residential placements which cost as much as $177,000 a year, the Virginia's Department of Planning and Budget (1990) suggested the development of alternative services such as respite, day treatment/education, home-based services, drop-out prevention programs, therapeutic and family foster care, intensive supervision/probation, and the availability of incentives to reduce use of out-of-community residential care.

This emphasis on reducing costs, providing services in more integrated settings, and the lack of data on the nature of operation of these facilities, available programming, state monitoring/licensure, profile of residents by placing agency, and rate setting process necessitate further study. Virginia's practices regarding residential placements because of the broad

range of programming, interagency monitoring and licensing, and recent state initiatives on residential placements were chosen for examination.

Method

The preceding review of the literature on residential placements formed the basis for developing a survey instrument which was used to examine residential placements in Virginia. Emphasis was given to issues regarding facility operation and programming along with facility efforts to cope with the shrinking availability of public dollars. All 14 residential facilities operating schools for children with disabilities in Virginia participated in the study. The directors of the facilities were contacted via mail to respond to the survey instrument. The survey was constructed so that the following information could be obtained: (a) nature of operation, profit v non-profit, fund raising activities, plans for future expansion, and any affiliations with national chains, (b) student profile such as disabilities served, number of males, placements classified by placing agency, average stay, and average cost per year (c) number of staff and staff/student ratio, (d) agencies involved in licensing/monitoring the facility, (e) perceptions of state's monitoring by area (i.e., residential environment, emergency plans, discipline/behavior management), (f) distinct programs offered, availability of group/individual counseling, vocational programming, parent involvement, student community involvement, work opportunities, and after care follow up and (g) strengths and weaknesses of programming. Prior to survey mailing, the instrument was reviewed by private facility personnel and monitoring officials at the Virginia Department of Education. Suggestions, mostly editorial in nature, were incorporated in the final version of the survey instrument.

Results

All fourteen residential facilities operating schools for children with disabilities participated in the study. All the facilities were licensed by the Interdepartmental Licensure and Certification of Residential facilities of the Commonwealth of Virginia. Eleven facilities were classified as non-profit

organizations, and six indicated operation independent of state or national corporations. With regard to future plans and fiscal operation of the residential facilities, seven facilities indicated an endowment, and nine facilities indicated the existence of fund raising activities. These activities primarily aimed to support program enhancement/expansion and capital improvement. At least two facilities reported an organized effort to raise funds. One facility has taken a capital campaign for $2.5 million, and the other maintained a fully staffed development office which conducted capital, endowment, and special project campaigns throughout the year.

The facilities offered programs for students with emotional disturbances (14), learning disabilities (12), mental retardation (5), autism (2), multiple disabilities (2), and hearing impairments (1). The facilities collectively served 938 students. The staffing patterns ranged from a low residential staff/student ratio of 1 to .70 to a high ratio of 1 to 10 with a facility wide average of 1 residential staff member to 6 students. Teacher/student ratio ranged from 1 to 2 to 1 to 10 with a facility wide average of 1 teacher per 6 students.

Of the 938 students served in the facilities, 183 were females (19.7%). Half of the facilities offered co-ed programs. Student stay in a residential facility, on the average, ranged from 9 months to four years, with an inter-facility average of 18 months. Cost per year, on the average, ranged from $9,665 to $93,000 with an inter-facility average of $45,843. Rate setting is monitored by the Virginia Department of Education and depends upon programs offered, population served, staffing patterns, and previous rate.

Student profile by facility, percent of students with disabilities, and percent of placements by agency are presented in Table 1. As shown in Table 1, the majority of students were classified as disabled and variation existed among facilities regarding placement patterns from various agencies. It is interesting to note that not all residents have been verified under IDEA although a prevalent misconception in the field.

Insert Table 1 about here

The following agencies were involved with facility accreditation/ licensing: Education (14), Mental Health and Mental Retardation and Substance Abuse (10), Social services (10), and Family and Youth services (9). These agencies comprise Virginia's Interdepartmental Licensing Authority. In addition, Independent Schools for the Handicapped (6), Virginia Association of Special Education Facilities (3) and Medicaid (2) were involved. The monitoring/licensing process by Virginia's Interdepartmental Licensing Authority was reported to be beneficial in a variety of areas as shown in Table 2. Residential environment (i.e., buildings and grounds, housekeeping and maintance, recreational, dining and sleeping areas...) and student records (i.e., service plans, reports on the management of resident behavior, counseling, education, health services...) were the two thought to be most beneficial.

Insert Table 2 about here

All facilities allowed students to be involved in the community by having field trips for plays, bowling, swimming, museums, skating, and concerts as well as attending church services and using the public library. Attending movies (13) and visiting malls (12) provided additional opportunities for community involvement. Twelve facilities indicated that work opportunities were available within the facility and nine allowed students to work in the community. Vocational training was available in nine facilities consisting primarily of printing, woodworking. All but one facility required that students engage in chores (i.e., cleaning dining area, ground keeping, taking care of animals).

Virginia's residential facilities offered programs for students with a

variety of disabilities through both long term care, and emergency shelter. Specifically, services such as related services, tutoring in academic subjects, trust building activities, GED preparation, graphic arts, recreational activities such as adventure challenge (white water canoeing) and horseback riding, and group and individual counseling (including psychotherapy) were provided. One facility provided programming for sexual abuse perpetrators in their behavioral studies program. Additional programmatic strengths as indicated by the facility directors included the availability of dedicated, high caliber administrative, treatment, and academic staff combined with low staff/student ratio provided for an environment conducive to learning and living. After care services and preparation for independent living were also cited as areas of distinct programming. Of particular interest was the efforts of a facility in developing community based programs throughout Virginia which fostered independent living and comprehensive transitioning.

To enhance the effectiveness of programming and to facilitate successful transitioning of students back to their own communities, all facilities indicated the availability of parent involvement, and they reported diverse ways of involving parents. Some facilities reported the availability of consultation for parents, involvement in developing service plans for the students, and scheduled visitations to the facility once or twice a month. Three facilities indicated the availability of family therapy when determined to be therapeutically sound and one facility offered parent training. Facility personnel were also available to make home visits as needed to assess the needs of the environment in which the student was likely to return.

Twelve facilities reported some form of after care follow up effort. This effort ranged from requesting that former residents/guardians complete a survey instrument a few months (and as late as two years) after discharge to establishing parent support groups under the guidance of the facility. Informal phone calls, consultation, and staff visits were also reported. One

facility indicated data collection post discharge at 2 weeks, 6 months and 12 months. Facility personnel also provided assistance to parents in order to secure outpatient or support services in the community following discharge.

Staff turnover of direct care personnel (residential counselors, house parents) was a consistent concern across all facilities. This was attributed to low salaries and a small pool of applicants to fill these positions. Parent involvement was another concern. This was primarily caused by the unwillingness of some parents to get involved, the distance between the facility's location and parents' residence, and the lack of facility resources for developing such involvement. The lack of science labs was reported as a limitation to academic instruction. Transitioning students back to their communities, meeting staff training needs, and dealing with increasingly specialized problems with minimal resources were additional areas requiring attention. Finally, those facilities serving one gender only reported concerns regarding opportunities for their students to interact with members of the opposite sex.

Discussion

Under the Individuals with Disabilities Education Act of 1990, educational agencies are required to provide appropriate programming for all students with disabilities. Residential placements are a bona fide alternative under IDEA. Residential facilities provide a valuable resource in meeting acute needs. These needs require structured programming, intensive therapeutic interventions, and low staff/student ratio. Residential facilities in Virginia meet state requirements and are closely monitored to provide interventions for students with various disabilities.

Given the intensity of programming, the availability of qualified personnel, and the magnitude of individual needs, the variation in per year expenses reported by the facilities may be understandable. To meet increasing costs, needs for specialized staffing, and capital improvements private facilities have engaged in fund raising activities. Such efforts are likely

to increase in the future as public dollars become even more scarce, private placements are limited, current trends call for more integrated delivery models, school districts become more sophisticated with regard to programmatic capabilities, and states use a variety of incentives to curb costs. In Virginia, for example, localities used to get reimbursed 60% of the cost of residential placements. This approach is under review and proposals call for localities to pay according to their financial ability and according to the placement (the state will reimburse a greater percentage if the placement is in a regional public program).

The profile of students served in private residential facilities closely resembles national reports regarding the most prevalent disability, the ratio of females, the staff/student ratio, the average stay, and staff related issues (Stephens, et al., 1990). Although most facilities indicated satisfaction with administrative and professional personnel, of particular concern were the quality and availability of direct care personnel. Administrative and professional personnel were reported to be competent, committed to the success of the students, and relatively stable. In contrast, direct care personnel consisted of individuals with limited training and with a high degree of turnover. Since these individuals spend the most time with students as indicated by facility directors, this concern is well founded. Yet, this challenge is not likely

Biklen (1988) suggested that individuals with disabilities are more likely to achieve increased self-determination, real choice, and power if their future does not rest in the hands of professionals. Some individuals, however, need a structured program with intensive therapeutic interventions before they will be able to function independently. Residential facilities in Virginia reported an emphasis on developing independence, facilitating successful transitioning, increasing family involvement, and minimizing future institutionalization.

Transitioning, in conjunction with after care follow-up, will further

facilitate the success of students in their environment while minimizing the need for future institutionalization. A successful transitioning program is carefully planned, includes the close cooperation of school officials, utilizes available community resources, and facilitates the development of support groups. Yet the most promising practice appears to be the development of community based programs (Virginia's Department of Planning and Budget (1990). Community based programs offer proximity, continuity, and relevance because students remain in their home environment while receiving treatment. The emphasis toward increasing community based programs reflects trends in the field in general and Virginia's Department of Planning and Budget (1990) suggestions in particular.

The majority of Virginia's residential facilities made references to intensive programs for sexual abuse perpetrators, students with emotional disturbances, and developmental disabilities, among others. This trend of offering programming for more severe needs is becoming increasingly necessary as more and more students with less severe needs are likely to receive services in regional or within-the-district programs. Therapeutic interventions such as recreational activities, counseling and group processes, preparation for independent living, and family therapy were commonly employed. These references to specific services meet, to a degree, the reported limitation of the Stephens et al. (1990) study on expanding the knowledge base on residential programming.

As indicated in the results, public school placements account for only a part of the residential placements despite the popular belief that school agencies are the primary source of these placements. Other state agencies (along with private) are involved by financing a percentage of placements. In Virginia, interagency cooperation has been of paramount importance for a number of years, and efforts have been made to utilize resources and services across agencies. Currently a proposal is pending in which residential placements will be monitored by an Inter-Coordinating Council which also will

finance these placements from a pool of funds provided by state agencies. Some steps have already been taken. For example, the department of education is paying for teaching personnel in detention homes, and the licensing of residential facilities is under the authority of the Interdepartmental Licensure and Certification of Residential (four agencies participate).

Further, a study on children's residential services by the Virginia Department of Planning and Budget resulted in a number of recommendations which, should they be adopted, will have a major impact on residential placements in Virginia. For instance, controlling costs by providing incentives (and greater state share of costs) for community-based and cooperative programming along with the elimination of the sixty-forty standard contribution, localities are likely to drastically reduce placements in private facilities. Interagency screening, planning, and evaluation is likely to result in minimizing dublication of services among agencies. Interagency coordination of placements is likely to result in an increased emphasis on therapeutic results and ultimately in ranking facilities according to success. Finally, the emphasis on training opportunities for localities, and the availability of grants for exploring/developing preventive and alternative services are likely to decrease the dependency on out-of-the-community residential placements.

In summary, Virginia residential facilities reported diverse programmatic options for meeting individual needs which were found to get increasingly more severe. For these cases, the private sector might be better equipped to address individual needs in cost effective ways. To this effect, community-based programming, parent involvement, and effective transitioning will be emphasized so that the possibility of lasting therapeutic effects is enhanced. Also it is expected that residential facilities will continue engaging in fund raising activities for capital improvement and minimize cost increases along with states' continuous efforts to expand interagency collaboration and explore more cost efficient programming.

References

Abrahamson v. Hershham, 701 F. 2d 223 (5th Cir. 1983).

Burlington School Committee v. Department of Education, 471, U.S. 359 (1985).

CORE Standards Manual for Interdepartmental Licensure and Certification of Residential Facilities for Children (1986). Richmond, VA: Commonwealth of Virginia.

Duncan, K., Beck, D. L., & Graunum, R. A. (1988). Project EXPLORE: An activity-based counseling group. The School Counselor, 35, 215-219.

Giacobbe, G. A., & Schneider, F.C. (1986). The success rate index: A method for evaluating residential treatment programs. Journal of Offender Counseling, Services, and Rehabilitation, 10, 97-105.

Huefner, D.S. (1989). Special Education residential placements under the Education for All Handicapped Children Act. Journal of Law and Education, 18, 411-440.

Huefner, D. S. (1991). Judicial review of the special educational program requirements under the Education for All Handicapped Children Act: Where have we been and where should we be going. Harvard Journal of Law and Public Policy, 14, 484-516.

Jones, J. M. (1985). Stages of family involvement in the residential treatment of adolescents. Journal of Marital and Family Therapy, 11, 381-390.

Kruelle v. New Castle County School District, 642 F.2d 687 (3d Cir. 1981).

Lewis, W. C. (1988). The role of ecological variables in residential treatment. Behavioral Disorders, 13, 98-107.

Maier, H. W. (1987). Learning to live and living to learn in residential treatment . Child and Youth Services, 9, 129-41.

North v. District of Columbia, 471 F. Supp. 136 (D.D.C. 1979).

Papacoda v. State of Connecticut, 528 F. Supp. 68 (D. Conn. 1981).

Passman, J. P. (1989). Retroactive reimbursement: The standard of review for a parent's unilateral placement under the Education for All Handicapped Children Act. Cardozo Law Review, 10, 2381-2406.

Rothstein, L. F. (1990). Special education law. White Plains, NY: Longman.

Stephens, S. A., Lakin, K. C., Braven, M., & O'Reilly, F. (1990). The study of programs of instruction for handicapped children and youth in day and residential facilities. Washington, D.C.: Department of Education and Mathematic Policy Research.

Stoppleworth, L. J. (1983). Criteria for making the decision: placement in residence for educational or other than educational reasons. Journal of Law and Education, 12, 78-85.

Thomas, G. (1982). The responsibility of residential placements for children's rights to development. Child and Youth Services, 4, 23-45.

Thomas, S. B. (1985). Legal issues in special education. Topeka, KS: NOLPE.

Virginia Department of Planning and Budget (1990). Study of children's residential services. Richmond, VA: Commonwealth of Virginia.

Table 1

Student Profile by Facility, Percent of Students With Disabilities, and Percent of Placements by Agency

Total number of students	% of students with disabilities	Percent of Placed Students by Agency			
		Public schools	Family/Youth Services	Social Services	Private
29	100	42	-	38	20
36	100	5	25	70	-
79	58	13	-	-	87
49	2	10	4	63	12
58	52	10	62	21	7
231	80	5	60	32	3
32	100	100	-	-	-
63	68	11	17	71	1
28	75	12	77	10	1
39a	75	25	10	20	-
30a	100	10	40	43	-
76	70	37	37	26	-
28	100	3	32	65	-
163	100	51	5	44	-

a Data reported did not add to 100%.

Table 2

State Monitoring of Various Facility Aspects Viewed as Beneficial by Facility Administrators

Aspects	Number of facilities
Services	9
Facility Administration	9
Personnel Administration	8
Residential Environment	12
Emergency Plans	10
Student Records	12
Intake/Initial Plan	5
Discipline/Behavior Management	7